



Referral Form

- ★ This form is only to be used by authorized representatives of the Aged & Disabled Waiver, Disabled Children's Program, Disabled Persons Family & Support Program, and Developmental Disabilities.
- ★ When making a referral to the Assistive Technology Partnership, the information on this form is required.
- ★ This form is fillable for print purposes only. This form can be completed and printed, however, this form cannot be submitted electronically and any information you add to this form cannot be saved.

Date	
Consumer	
Address	Phone
City/State/Zip Code	County
Social Security Number	
Date of birth	Disabling Condition
Age	
Person to contact (if other than consumer)	Phone
Aged and Disabled Waiver <input type="checkbox"/> Eligible, receiving Waiver Services <input type="checkbox"/> Eligible, receiving only Assistive Technology Service <input type="checkbox"/> Eligible AABD, but does not meet Waiver criteria <input type="checkbox"/> Ineligible AABD, needs Funding Coordination <input type="checkbox"/> Ineligible Waiver and AABD, needs Funding Coordination	
<input type="checkbox"/> Disabled Children's Program <input type="checkbox"/> Disabled Persons & Family Support Program <input type="checkbox"/> Child Welfare/OJS <input type="checkbox"/> Subsidized Adoption <input type="checkbox"/> Subsidized Guardianship <input type="checkbox"/> Developmental Disabilities Community Supports Program	
Program Eligibility Period	
Beginning Date	Ending Date
Consumer share of cost obligation. Please check : <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, how much?	
What assistance is being requested? (continue on the back as needed)	
Why is the assistance needed? (continue on the back as needed)	
Services Coordinator Name Address City/Zip Phone Fax E-mail address	Medicaid Eligibility Worker Name Address City/Zip Phone Fax E-mail address
Return this form to the Partnership office in your area: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> • Lincoln 5143 S. 48th Street, Suite C, 68516 (402) 471-0734, Toll Free (888) 806-6287 Fax (402) 471-6052 • Kearney 2916 W. 24th Street, 68845 (308) 865-5349, Toll Free (800) 683-6699 Fax (308) 865-5322 </div> <div style="width: 48%;"> • Scottsbluff 1517 Broadway, Suite 131, 69361 (308) 632-1332 Fax (308) 632-1392 • Omaha 1313 Farnam on the Mall, 68102 (402) 595-1923, Toll Free (877) 201-4141 Fax (402) 595-1919 </div> </div>	